

My Personal
Experience
with
Tuberculosis



WILL M. ROSS

Presented to the

Hartford Hospital School of Nursing

in memory of

Martha J. Wilkinson, Class of 1890

Hartford's first visiting nurse

by her friend

Edna L. Foley, Class of 1904

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with Tuberculosis

BY

WILL M. ROSS



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Grateful acknowledgement is due
my friend, Dr. Thos. H. Hay, of
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this book.

W. M. R.

FOREWORD---Every case of tuberculosis was once in an incipient stage. Ninety out of a hundred become advanced cases because of mistakes made by the patient. You will believe, if you have tuberculosis that you are one of the chosen ten. The chances are nine out of ten that you are one of the ninety. It is characteristic of the disease for the patient to fail to realize the seriousness of it until he catches a glimpse of the grim reaper.

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Preface

In the preparation of this book I have drawn from the experiences of a tubercular history that took me to the Southwest in a futile, because misdirected, effort to effect a cure, and finally brought me back to my native state to learn aright the route to health. That it is not an indictment of the Southwest for failing to benefit me, I may say in beginning, for I am now thoroughly convinced that the curing of tuberculosis depends almost entirely upon method, with locality and its attending climatic conditions, but a minor consideration. I am also convinced that far too many, perhaps it is safe to say a majority, of the tubercular, place climate, their own good fortune, and the intervention of Providence, on a pinnacle that entirely overshadows sane methods. Indeed, I made it a point, especially during my sojourn in the Southwest, to discuss, with as many health seekers as I could induce to talk, the plans or methods they were employing in the pursuit of health. The results, as I review them now, were little short of amazing. Where getting well was their only business, they had quite generally neglected to learn even the es-

entials of that business, but were following a hit or miss road to health—or destruction.

That they were not entirely to blame for this condition was due to the regrettable fact that they were too often victims of faulty medical advice. I can well remember that in my own case the burden of this advice was to trust to climate, and do about as I liked otherwise. That climate failed me under such conditions, was only to be expected. That it is failing others, a far too large mortality record attests.

The sooner people afflicted with tuberculosis learn that they cannot continue to live as they did before the disease saddled itself upon them, but must undergo a sane and systematic change of life, the sooner will tuberculosis cease to be a national scourge.

It is in an effort to present the facts dealing with the sane tubercular life that this book has been written; that it may contribute its bit to the guidance of those who are honestly and conscientiously trying to cure themselves. It does not present, in any single feature, any freak or untried ideas, but is an exposition of the modern sanatorium treatment, as I saw and studied it at first hand, written with a view to its application to home treatment.

WILL M. ROSS.

I.

TUBERCULOSIS—ITS NATURE AND CAUSE

Pulmonary tuberculosis, commonly called consumption, is the form of tuberculosis which attacks the lungs. It is characterized by the formation of ulcers or sores on the inside of the lungs. These sores are made up of small abnormal growths, or tubercles, which spread and grow larger as the disease progresses. The germ of tuberculosis, or the tubercle bacillus, of which there are millions in a well developed case, is a minute object invisible to the naked eye. If virulent bacilli enter a human body, not in good health, tuberculosis is likely to result. Tuberculosis may occur in other parts of the body, such as the joints, and the glands, or in some of the organs, but the disease of the lungs is the most common form, and the form with which this book deals.

CAUSES OF TUBERCULOSIS

Directly, the disease is caused by the sputum, matter coughed up from the lungs of a tuber-

cular patient. Such sputum contains thousands of tiny germs. If this sputum is allowed to dry the germs get into the air and are drawn into the lungs of people breathing that air. This, then, is the important point—the sputum, and only the sputum, is dangerous. Innocent in appearance it may cause long continued illness or death—unless it is properly disposed of. You would not wilfully poison the food of your family and your friends or even the food of total strangers. Why then poison the air they breath? To avoid the spread of the disease, you must be careful to dispose of the sputum. This can be done in a sanitary manner, as a future chapter will show.

INDIRECT CAUSE

Indirectly, tuberculosis may be fostered by any one of several conditions. In general anything unsanitary in the way of living gives the germs a chance to gain a foothold. Tuberculosis finds most of its victims in crowded quarters where cleanliness, fresh air and sunlight are strangers; but it does not confine itself to such

places. It is no respecter of persons, and attacks all races and classes of people. Excesses of any kind—particularly alcoholic and sexual lay one open to the attack of this active germ.

II.

HOW TO KNOW WHEN YOU HAVE TUBERCULOSIS

No person without medical training would be able to determine definitely the presence of tuberculosis in his body. This must be left to the skill of an able physician. Yet there are many symptoms accompanying the disease by which we are enabled to suspect the presence of tuberculosis, any of which will justify one in seeking the advice of a physician.

Tuberculosis is not easily recognized in its earlier stages and it may be weeks before any distinguishing symptoms appear. As a general rule, however, the person whose system is not keyed up to perfect health, offers fruitful soil for the germ, and for such, an occasional medical examination is advisable—just as some people pay regular visits to the dentist and so nip in the bud any dental troubles.

THE FIRST SYMPTOMS

In the majority of cases, the first symptom is a light cough which “hangs on,” and refuses to yield to ordinary treatment. This may ap-

pear only in the morning, on arising, and is usually accompanied by expectoration. At the same time, or soon after, the person may be conscious of a loss of strength, the ordinary tasks to which he has been accustomed will begin to tire him; there may be a loss in weight, slight in some cases, very perceptible in others, or in very incipient cases, none at all. In the afternoon or evenings the person will usually feel tired, feverish and without ambition. Other earlier symptoms often observed are night-sweats, chills, shortness of breath and loss of appetite.

Many of these symptoms are common to other physical troubles but the presence of one or two warrant an immediate visit to the doctor. It is the advanced cases which require years in the curing. Tuberculosis is so insidious in its approach that it is better, a half a dozen times, to have the doctor give us a hearty slap on the back assuring us that all is well, than through neglect to let this disease gain a firm foot-hold. If you resent the idea of going to a doctor with every little ill, then visit him at regular intervals for an examination. It is the best kind of life insurance. Too

often the patient refuses to believe that he has this disease and delays seeking treatment until the incipient stage, when cures are more easily made, is past, and the intermediate or advanced stage is reached, when a cure is always difficult. By all means place yourself under the care of a competent physician upon the appearance of the first suspicious symptoms. Delay of weeks, at this stage, may mean months or years in regaining lost ground.

LATER SYMPTOMS

In its secondary and advanced stages tuberculosis is more easily recognized, the victim generally being emaciated and much weakened. Hemorrhages (bleeding from the lungs) often occur in these stages, although in some few cases, the hemorrhage is the first recognizable symptom. Advanced cases usually have dry racking coughs, and raise much sputum, though occasionally those in the final stage do not cough at all. It is unnecessary, however, to dwell at length upon this stage of the disease, for by this time the patient must be under the care of a physician and the disease will have long since been identified.

HONESTY OF PURPOSE

It is well here to urge absolute honesty in your dealings with your physician. If the patient chooses to conceal his condition, as many do, he may deceive his physician until the ailment has become advanced to a dangerous stage. By placing complete confidence in your physician, describing truthfully your symptoms and following his instructions, you will have taken the first important step to recovery. If he tells you that you have tuberculosis, you may rest assured that it was not until after he had made a thorough examination. Many consumptives have gone to their graves refusing to believe that they had the disease. It is neither a crime nor a disgrace to be a consumptive, but it is criminal to spread the contagion through carelessness or refusal to follow sanitary precautions. Tuberculosis is spread by breathing or swallowing the germs contained in the sputum raised from a consumptive's lungs. This sputum must be deposited in paper napkins or other receptacles and burned. Promiscuous spitting about streets, buildings, street cars or even into cuspidors not only endangers

the lives of the consumptive's family but of all mankind. The dried sputum picked up by the wind may be carried miles and be finally breathed in by some other person. Coughing and sneezing in others faces, and kissing, are also dangerous. A consumptive who knowingly refuses to abide by these simple rules of sanitation should be isolated or suffer some worse fate.

III.

MEDICAL TREATMENT

By all means put yourself under the care of a physician—a good physician. This book is not a substitute for a doctor. It is intended to supplement his work and to prevent, if possible, any serious mistakes. The regular visits of a competent physician will cause the patient to feel that he is not groping in the dark. Choose your doctor with care. An old-fashioned or incompetent physician for a disease about which we still have much to learn would be more harmful than none at all. Avoid physicians who make extravagant claims or possess any of the ear-marks of the quack. Once chosen, place yourself in your doctor's hands with full confidence and respect for his ability and follow his advice.

KNOW THE TRUTH ABOUT YOURSELF

You have the right, in fact, it is your duty to insist that your doctor give you a clear understanding of the disease and its relation to you, together with such needful advice as is neces-

sary to you in your fight. Insist upon the advice being given in full detail. A laconic injunction not to do this or that will be made many times more forcible if the reason for it is given you at the same time. There is nothing mysterious about tuberculosis and you will go about your work more intelligently for a little explanation here and there. In tuberculosis the truth is far less disturbing and harmful than a half truth or ignorance.

Throughout this book I have laid stress upon the importance of good medical advice. I shall run the risk now of being thought presumptuous in saying to you that if your physician differs radically in his beliefs from the essentials outlined in this book, he is not qualified to act as your physician, not because this book says so, but because he is opposing the methods of the best modern thought and practice.

FAKE CURES

The spread of tuberculosis throughout the civilized world has opened up a field of endeavor to thousands of advertising quacks and medical fakirs, who make the sufferers of this disease their illegitimate prey. These men

have, as a rule, no medical training, and are absolutely unequipped to deal with consumption, or any other ailment. Among the more familiar fake cures for this disease foisted upon the public are various and many patent medicines, fake "institutes," fake sanatoria, osteopathic treatments, and medicinal baths, the majority of which absolutely guarantee a speedy cure.

In spite of the alluring testimonials printed in the advertisements, modern science has as yet found no specific or medicine which will cure consumption. The crusade against the disease has not only caused legitimate sanatoria to spring up but it has brought forth some so-called "institutes" and alleged sanatoria which are criminal in their practices. Before entering a sanatorium a patient should be entirely sure of the reputation of the institution. Investigation of all the so-called "consumption cures," has invariably resulted in the exposure of their worthlessness. Many of these medicines contain morphine, opium and dangerous ingredients of that character, or alcohol, which drug and stimulate the patient temporarily, but which, if continued, will only end in

his death; others use cod-liver oil, which has valuable fattening properties when correctly used, as a base, but these also contain other ingredients which ruin the digestive organs, and give the lungs no benefit. Other concoctions, too numerous to permit of description are marketed which benefit no one but the unscrupulous fakir who sells them.

Osteopathy is a recognized science today and is undoubtedly helpful in many ailments but the consumptive's constant effort must be devoted to storing up energy and the result of osteopathic treatment, while temporarily invigorating, is to use up energy, reduce the patient's vitality and make him more susceptible to the inroads of the disease. The same is true of medicinal baths which are not only of no value but absolutely harmful. The only known cure for tuberculosis, in spite of the large reward which awaits the discoverer of a speedier one, is fresh air, rest and proper food. This method is slow and has no attraction for the medical fakir.

TUBERCULIN

Tuberculin is a serum-like fluid made from

tubercule bacilli. It was first prepared by Dr. Koch, the eminent German scientist, who made the world his debtor by determining positively that tuberculosis was caused by a bacillus to be found in the sputum of those suffering from the disease. When tuberculin was first announced it was believed to be the long hoped for specific. Thousands hoped that they would be magically cured and many died from the hasty and injudicious use of the serum. A revulsion of feeling set in and tuberculin was entirely abandoned.

Later, after more careful experimentation, it was again brought into use and is employed extensively in many sanatoria.

The value of tuberculin is based on the theory that by injecting it into the body we thereby multiply, many times, the number of those cells whose function it is to combat disease.

Physicians themselves do not yet agree as to the value of the tuberculin treatment but the belief seems general that when properly administered in reasonable doses no harmful effects will result, while much good may be gained.

Many patients have a fear of tuberculin and to such I am glad to say that I know of no cases where harmful results were apparent resulting from the proper use of this serum. The use of it, or the contrary, may be safely left to the judgment of an able physician. If he employs it in your case, believe that it is benefiting you.

IV.

SANATORIUM AND HOME CURE

There are now in existence throughout the country many reputable sanatoria devoted exclusively to tuberculosis. Some of these are state and federal institutions, others private, while the majority are charitable or semi-charitable in their work. Great, however, as has been the interest shown and the work performed in stamping out tuberculosis, the building of sanatoria has not kept pace with the spread of the disease. The available sanatoria accommodations of the entire country can house but a small minority of the tubercular population. It is estimated that there are in the United States, alone, one million people suffering from the disease while a recent census of all sanatoria shows only about fifteen thousand beds available. Where the patient is able, he should by all means enter a sanatorium, even though his case be an incipient one. Many people have a dread of a sanatorium, believing that there is danger of added infection, and

the spirit of the place will be depressing. As a matter of fact, there is less danger of infection in a sanatorium than in the average public building, and the spirit of the patients is invariably cheerful and optimistic.

SANATORIUM A TRAINING SCHOOL

The great value to the patient of the sanatorium lies in the fact that the rigid discipline saves him from lapsing into ways or pursuits which would retard his recovery. The patient has drilled into him a course of treatment which in time becomes second nature. He learns to observe the rules of treatment instinctively, and returns to his own home fitted to carry on his recovery without being a menace to his family. If you are able to receive the advantages of the sanatorium let no one convince you that it is not the place for you.

THE HOME CURE

However, all tubercular cases, even though financially able, could not find room in our sanatoria, and the great majority are combating the disease in their own homes, or in houses and tent colonies of our southern and western states. It is for this great majority

that this book, it is hoped, will be especially useful. The methods and practices set down herein are the results of observations made in the sanatorium, together with the practical suggestions of skilled physicians.

V.

CLIMATE

Climate is no longer generally considered the most important factor in the curing of tuberculosis. Tuberculosis can be cured in almost any climate in the United States. Some sections are more favorable than others, but all have some disadvantages, and all have the chief essential factor—fresh air. Sunshine is desirable, but many sections noted for the abundance of sunshine lack the invigorating effects of winter. There are many comforts to be had at home which offset better climatic conditions in a strange land, where the patient is only half welcome and is allowed to shift for himself by far too much. Life in a city of the south, or south-west, has many of the objections raised against life in a northern city, and is not to be preferred to the fresh air of country life in the north. Life on a ranch in the west usually means hardships, and the wrong kind of food for a case of tuberculosis.

TRY THE HOME CLIMATE

A change of climate, while it often affords a mental tonic, is not always desirable, and for a person of small means, should not be considered at all. Life in larger and crowded cities is not so good as life in the country, but many cures are being effected right in the heart of New York City, and other large centers. A dry climate is believed to be better than one where there is much humidity, and yet some of our sanatoria are located along the Atlantic coast, and the most noted of all is in a region studded with small lakes. I cite these facts to encourage patients to try their home climates. A good climate alone will not effect a cure. I should place a proper method of living as of primary importance and climate as decidedly secondary. A person free from tuberculosis may contract it in the most favorable climate known. Climate does not produce immunity.

CHANGES DEMAND CAREFUL CONSIDERATION

If your physician should recommend a change of climate (and this is becoming less and less the case) such a change should be made with care. Most good physicians will frankly ad-

mit that they have little detailed information regarding new climates, unless they have personally traveled over a large part of our country. Our physicians have learned that to broadly advise a patient "Go to Colorado" or "Go to Arizona" is dangerous advice. In the cities of the south-west sick people are not so welcome as they formerly were. Furthermore these cities are not ideal places in which to live. The rural or remote districts of the West and South will require a careful investigation beforehand, regarding proper food, care and shelter in which they are often lacking. I have seen more suffering from occasional spells of cold weather in the land of sunshine, where heating facilities are inadequate, and house construction frequently primitive than in the wintry climate of the North.

One's financial condition is of the utmost importance when planning a change of climate. Unless you are certain of at least \$50 a month (a conservative estimate) on which to live, you are running your neck into the noose by leaving home for a western or southern climate. Board at the better class boarding houses, and the tubercular patient's condition demands the

best obtainable food, ranges from \$24 to \$40 a month; good restaurants and hotels, of course, being even higher. Houses rent from \$25 a month (small bungalows) up to whatever you wish to pay; single rooms \$10 to \$25. Good accommodations, especially board, are often unattainable at any price. That part of the country is comparatively new and has more than its share of rawness and discomforts. Move, slowly, if at all, in the matter of changing climate; give the home climate a fair and generous trial.

VI.

THE OUTDOOR TREATMENT

Fresh air is one of the three essential factors in the cure. Some people have peculiar ideas of what is meant by fresh air. I have knowledge of a large county hospital in which fresh air is furnished the tuberculosis ward by opening the windows slightly at the top. This, of course, is entirely inadequate. Some people are satisfied with having spent eight hours of each twenty-four in the fresh air, but if eight hours are beneficial it would seem reasonable that twenty hours are more so. So long as you are not chilled you cannot spend too much time out of doors. The patient must remember to keep warm; to stay out of doors, and become chilled, does more harm than good. When we are inactive, the blood flows more slowly and we need more protection against cold. Energy used in keeping the body warm is that much deducted from the combat with the disease.

SLEEPING OUTDOORS

In most sanatoria the patients sleep on a porch entirely open on one, two, or three sides,

but under roof. The porch is screened in summer, and has canvas curtains, or storm sash, to be raised when it storms or raw winds blow. For patients living at home a porch may be already available, but if not, one should, if possible, be improvised. In northern latitudes this porch should be on the south side of the house, if possible, and in southern latitudes, on the north side; and a warm room for dressing must be provided. I have seen a rear porch used by putting on an upper deck, and hanging an awning over it. Side curtains of canvas were run on wires, strung from one corner post to another; and access to the porch was secured by taking out the window casing of the nearest window, and substituting a door. In the crowded cities people have been known to use the fire escape landings as a place for taking the fresh air, and so curing tuberculosis. If a porch is not available, a tent can be erected on vacant land in the rear of the home. If this is done, it should be set up over a wooden floor, and have wooden walls at least three feet high. Uprights, or studding, need not be over five feet high. Three rafters on each side, one at each end and one in the middle, will support

the tent when it is stretched over this frame work. The side walls of the tent should be arranged so that they may be easily raised or lowered. They should be kept raised at all times except when it is storming. A small stove will heat such a tent house in winter sufficiently to permit the patient to dress, and undress, in comfort. The stove is a necessity.

When, for any reason, the patient is unable to secure a sleeping porch, shack, or tent, and is forced to be content with an ordinary room, he should have a room with several (at least two) windows which should be kept open at all times, except in case of storm or when the patient is dressing.

HINTS FOR WINTER COMFORTS

In a cold climate, every comfort should be taken advantage of, such as hot water bottles, hot water bags; soap stones, and bricks. The two latter are inexpensive, but dangerous, when too hot. Don't try to show how much cold you can endure, or how "hard" you are. No matter how strong you may feel, nurse your energy even at the risk of being considered a "molly-coddle." When sitting out in

a chair, cover your legs and body with plenty of blankets, and use a hot water-bag, or similar device, when the weather is cold. During the colder months, sleep between woolen blankets; linen or cotton sheets are chilly, and it takes a vast amount of bodily heat to warm them, while woolen blankets feel gratefully warm at once. A loose bed shoe, made of eider-down flannel or some soft, warm material, will be an aid in keeping the feet warm in winter. Night clothes made of outing flannel are best. I have seen a suit for an adult made all in one piece like union underwear but loose and roomy and having the bed shoes attached. Such a garment is ideal, and is comfortable. Place the pillow near the stove or radiator, and warm it before going to bed. Warm the bed, itself, by using a hot water-bottle or an old-fashioned warming pan. Tuck the blankets in closely around the body to avoid any air spaces between the body and the blankets. I have found it helpful to pull the blankets out from under the mattress at the foot of the bed, in order to more closely envelope the legs and feet. Use woolen blankets and down quilts, if you have them, in preference to cotton comfortables. In cold weather wear a sweater, or

bath robe, in preference to too much covering which becomes heavy and oppressive. The secret of sleeping in comfort out of doors in cold weather lies in using all of these devices, and others which your ingenuity may suggest. If you are miserable and uncomfortable at night, you are offsetting some of the advantages of sleeping out of doors, and it is probably because you have not taken proper measures to make yourself comfortable.

VII.

REST

I consider the necessity for rest far more important than any particular kind of diet, and of equal importance with fresh air. The need of rest in curing tuberculosis has been too much neglected, and at a great cost in human life. I have seen patients who, because they were in the open air, felt bound to take long walks, drives or horse-back rides. I have seen patients studiously expanding their lungs to the utmost by deep-breathing exercises. While such exercises are excellent, as a preventive, for those who are well, they are not only not a means of curing, but in many cases delay and defeat the cure.

WHY REST IS NECESSARY

Pulmonary tuberculosis produces ulcers or sores on the inner surface of the lungs. Every deep breath voluntarily taken, or every form of exercise causing deeper breathing than the normal, expands the lungs unduly, and so makes it more difficult for the ulcers or sores to heal; furthermore, every sort of activity,

such as walking, moving the arms, sitting erect, rather than reclining, uses up some energy, which would otherwise go to combat the disease. In this last fact lies the keynote of the rest treatment. The patient may be able to walk five miles without tiring, when, as a matter of fact, five rods is all he should permit himself to do. It is not a question of physical ability, it is a question of conservation of bodily resources. A patient, who had been permitted to take moderate exercise by walking slowly, once said to me: "But this slow walking tires me more than if I took my normal stride." He forgot that, though the unaccustomed short, slow, steps tired his leg muscles, he was preventing the heart beat from accelerating, as it does with exercise, and the faster the heart beats, the more blood it pumps to the lungs, the more work the lungs have to do, and the more often, and more deeply, they will expand. Let the patient save his brisk walks, and deep breathing exercises, until the sores on the inside of his lungs have been well healed for some months.

LIMITATIONS FOR EXERCISE

Until the temperature goes to normal, and

stays at normal for ten days or two weeks, the patient should rest in bed all the time, except for meals. After the temperature has been at normal for the period named, the patient may take very short walks—not exceeding in length half a city block daily. If the patient can be satisfied with no longer walks than this for a period of several weeks he will do well not to increase them. These walks are not meant for muscle builders; they are more of a diversion than anything else. The patient may feel well but this is no excuse for taking long walks or for not resting.

During the entire period of cure one should always rest for a half hour before and a full hour after meals. Exercise, however slight, just before meals, causes the blood, which should aid in digestion, to be diverted for the purpose of building up muscular tissue used in such exercise. After meals it is even more imperative that one rest, so as to allow the digestive processes to proceed undisturbed.

Unless confined to bed, the patient will find a couch or reclining chair, with a support for the patient's legs, the best suited to the purpose. A steamer chair is best of all for it does not sag

and curve in the back, as does a canvas chair. but a camp chair built on the lines of a morris chair, with a back, which may be regulated, will do very well.

WHAT RESTING MEANS

When resting the patient should rest absolutely. If the patient reads during the rest period, he is not resting, or if he thinks intently, he is not resting. One should relax mentally and physically.

The patient's friends will wish to be kind, and will wish to visit him, and talk to him. Too much of such kindness is decidedly harmful. Let it be understood that no visitors whatever will be received while the patient has a temperature. Too much, or loud, talking will produce a temperature. Lung power had better be saved and one should talk as little as possible, until the temperature is restored to normal and stays there for two weeks. After the fever has been checked, visitors may be admitted, but not often, and not for more than one-half hour each day. It may be necessary to seem selfish for a year, and to do nothing which some one else can do for one. It is better to be served

and waited upon many times each day, in order that one may live to reciprocate the kindness of one's friends, than to try to be independent and pay the price.

Resting is a severe test upon one's patience. It will be taxed to the utmost again and again. The real battle is taking place at this point. Getting well requires the exercise of many of one's powers and foremost of these is patience and restraint. The development of these two faculties will save much energy, every ounce of which is needed. A large percentage of those, who have not been cured, might have been had they learned to rest in the proper manner during the curative period.

The philosophy of rest is well summed up in the story of the ship wrecked sailor, who was tossed upon a desert island. After many days, he was sighted and picked up by a passing ship, a bit gaunt and hungry, but still cheerful.

The ship's captain, surveying the desert waste, asked in astonishment, "For Heaven's sake, man, what did you do with yourself all the time?"

"Oh," replied the sailor, "part of the time I sat and thought—but mostly, I just sat."

VIII.

FOOD

The question of food is of decided importance, both because it is one of the three major factors in the cure, and for the reason that it is the most difficult to obtain. The great out-of-doors is at everyone's command, be he city or country dweller, and while there are many who must be content with the more or less dusty and smoke laden air of the city, yet this is infinitely better than the air of a closed room. Rest depends entirely on one's self; if the patient has the patience to give his time to resting scientifically, he has solved the second of the great essentials. But in the third, that of food, he is dependent on the cook. It is the one essential to the cure which he cannot manage himself, nor should he be allowed to try. For that reason this chapter is dedicated, not to the patient, but to his cook.

A WEEK'S MENU

Preparing meals for a patient sick with tuberculosis need not be an extra burden, for un-

less the patient has some form of stomach or bowel trouble, he may eat any nourishing, well-cooked foods, which agree with him, or, in short, eat the same meals which sustain the rest of the family. As I write this, however, I am reminded that the ordinary meals of households in cosmopolitan America may range from the coarse black bread, sausage and black coffee of the native of southern Europe; to the rich, unwholesome fare of our dyspeptic epicureans. For that reason I include below a typical menu, for a week, of the diet on which patients have been found to fare well; and with it as a guide, one may regulate the patients' food according to the advantages at hand:

SUNDAY

BREAKFAST—Fruit; Pettijohn's breakfast food; Corn beef hash; Poached eggs; Toast; Coffee or cocoa.

DINNER—Grape fruit cock tail; Roast Chicken; Mashed potatoes; Asparagus salad; Rice croquettes; Caramel ice cream; Cocoa nut cake; Coffee.

SUPPER—Cold meat; Potato puff; Milk toast; Sauce; Cake; Cocoa or tea.

MONDAY

BREAKFAST—Oranges; Oatmeal; Ham and eggs; Baked potatoes; Graham gems; Cocoa or coffee.

DINNER—Tomato soup; Roast lamb; Riced potatoes; Creamed asparagus; Bean salad; Tapioca cream.

SUPPER—Broiled steak with onions; Potato puff; Hot rolls; Sauce; Cake.

TUESDAY

BREAKFAST—Fruit; Ralston food; Pork chops; Fried potatoes; Muffins; Cocoa or Coffee.

DINNER—Kidney bean soup; Roast veal with dressing; Mashed potatoes; Tomatoes; Succotash; Pumpkin pie.

SUPPER—Croquettes; Creamed potatoes; Baking powder biscuits; Honey; Cookies; Tea or Cocoa.

WEDNESDAY

BREAKFAST—Stewed prunes; Farina; Lamb chops; Creamed potatoes; Muffins; Coffee.

DINNER—Broiled sardines on toast; Roast beef; Brown potatoes; Macaroni with cheese; Lettuce salad; Bread pudding.

SUPPER—Escalloped oysters; Cold tongue; Jelly; Apple sauce; Sponge cake; Tea or cocoa.

THURSDAY

BREAKFAST—Oranges or apples; Shredded wheat biscuit; Veal chops; Baked potatoes; Toast; Cocoa or coffee.

DINNER—Oxtail soup; Corned beef; Boiled potatoes; Hot slaw; Asparagus salad; Chocolate pudding.

SUPPER—Broiled steak; Hashed potatoes; Muffins; Pears; Cake; Cocoa or tea

FRIDAY

BREAKFAST—Fruit; Cream of wheat; Dried beef in cream; Cocoa or coffee.

DINNER—Boiled fish Hollandaise; Roast veal; Mashed potatoes; Stewed tomatoes; Corn; Apple pie; Cheese.

SUPPER—Oyster soup; Cold meat; Escalloped potatoes; Hot Rolls; Preserved raspberries; Cake.

SATURDAY

BREAKFAST—Grape fruit; Puffed rice; Hamburg steak; Potato puff; Griddle cakes; Coffee or cocoa.

DINNER—Vegetable soup; Boiled tongue, Wine and jelly sauce; Riced potatoes; Boiled onions; Celery salad; Wine jelly.

SUPPER—Broiled steak; Fried potatoes; Waffles; Tea or cocoa.

Where the patient, or his family or friends are unable, financially, to provide a diet similar to the one suggested above, an effort should be made to approach it as nearly as possible, bearing in mind the fact that meat, potatoes, bread, and the good old-fashioned, substantial foods are the tissue builders. If any curtailment must be made let it be in the desserts, cakes and lighter foods. Soups may also be dispensed with, as most of them have but little value. The fare may be better balanced, and made more palatable by the addition of seasonable vegetables, fruits, and berries. If possible, meat should be served at all three of the daily meals. Coffee, tea, cocoa (preferably the latter) or any of the customary table beverages, may be served to suit the patient, but liquor, in any form, should be avoided at all times.

Lunching between meals is a pleasant habit to which some of us are addicted, but the tuberculosis patient is going to find his progress more satisfactory if he sticks to three hearty meals a day, and spends the time between them in developing an appetite.

SUPPLEMENTARY DIET

I have not previously taken up the question

of eggs and milk as these foods demand a separate paragraph. The use of milk and eggs by the tuberculous patient is generally recommended, by students of the disease, as a supplementary or added diet and I, a layman, would be flying in the face of the counsel of the majority of the medical fraternity, anti-tuberculosis associations, and various similar organizations, were I to oppose it, yet I will venture a modest opinion on the subject, based on personal observation.

It is unquestionably true that milk and eggs are of great value, but it is also true that taken indiscriminately, they are capable of great harm. I have known patients to go to so great an extreme as to take eight or ten glasses of milk and a dozen eggs a day, spending the time between these milk and egg debauches in wondering what was the matter with their stomachs. The truth is that milk and eggs are rich and indigestible, and it behooves each patient to experiment cautiously for himself, remembering that he must guard his digestive powers against abuse. If he is troubled with an unsettled digestion, he will do well to cut out these supplementary foods, beginning with the milk, and

watch to see if any beneficial results occur. In general, it would be well if desired, to commence with a glass of milk, preferably diluted with water, half and half, and one raw egg immediately after each meal. If the stomach does not rebel, the number of eggs may be increased to two. I should advise patients who have eaten hearty meals to stop with that, but if more is desired, or advised by the attending physician, the patient may have a milk and egg lunch midway between meals in the morning and the afternoon. This would make a total of five glasses of milk and eight raw eggs a day which together with three hearty meals, it may be said in passing, will require a stout digestive apparatus to assimilate, properly.

A FEW "DO" AND "DON'T" MAXIMS

The food question is really a big one, the biggest, indeed that is likely to confront the average patient. There are a number of matters, not previously treated, which may be summed up briefly, and which I have incorporated under the "Do" and "Don't" column.

1. Don't drink tea or coffee to excess. In moderation they will do no harm, but the pa-

tient must exercise proper restraint. Cocoa is better than either.

2. Drink all the water you can. Drink only a moderate amount at meal time, but make a practice of drinking a glass (preferably warm) on arising, and two or three glasses midway between meals. Cold water taken just before temperature time may give the thermometer a false record.

3. Don't go in too strongly for fried foods. Roasts, broiled steaks, and chops furnish more nutriment. However this does not mean that fried meats, and other fried foods, are to be stricken entirely from the menu. They furnish an occasional variety and for that reason are valuable.

4. Eat plenty of butter. Learn to eat twice as much butter as the average person. Use it generously on bread, potatoes, muffins, wheat cakes and wherever possible.

5. Eat heartily. I do not like to advise the patient to "stuff." But you will be surprised to see how much more you can eat, than has been your custom, by disposing of it slowly; and you will be surprised to see how comfort-

ably your digestive apparatus will take care of the increased quantity of food, because of the rest you are taking. You can safely eat almost to the point of discomfort each meal. The feeling that you do not wish food is not to be a guide. Eat heartily at all times and desist only when you are sure the stomach is being overworked.

IX.

TEMPERATURE AND PULSE

The temperature and pulse records of the tubercular patient are among the most tangible evidences he possesses of his progress, or lack of it. These records should be taken at least twice daily and be continued for months after the tempearture and pulse have become normal, in order to catch the first signs of possible retrogression. The effort and time expended in doing this is so little that it were best to continue the records longer than necessary, rather than for too short a time.

HOW TO KEEP THE RECORDS

The hours for taking the record must be the same each day. Half past ten o'clock in the morning and half past three o'clock in the afternoon are recommended, unless your physicians directs differently. A simple method of keeping these records, which leaves them in convenient shape for comparison, is to secure a small pocket note-book, and make the notations as follows:

DATE.	A. M.		P. M.	
January	Temp. - Pulse		Temp. - Pulse	
1.	99.4	92	100.2	94
2.	99.2	90	99.8	90
3.	99	92	99.8	94

The patient should, when possible, have the readings taken by someone attending him, and not look at them himself, for it is invariably true that a knowledge of pulse and temperature conditions, especially when unfavorable, causes uneasiness, and mitigates against the patient's progress. No physician will allow a patient to read his own temperature for this reason.

HOW TO TAKE TEMPERATURE

In taking the temperature, hold the thermometer in your mouth from ten to fifteen minutes in summer and fifteen to twenty minutes in winter. Hold it under the tongue and as far back as possible. This may seem an unnecessarily long time, but the time required for an accurate reading is longer when one is living out of doors. Failure to recognize this fact may account for some of those cases which show no temperature, even in the more advanced stages.

The clinical thermometer is graduated in fractions of a degree, usually two-tenths, so that each mark indicates two-tenths of a degree.

When not in use, the clinical thermometer should be kept in a bottle of dilute alcohol. A little absorbent cotton, at the bottom of the bottle, will save the thermometer from breaking. A good thermometer costs about one dollar.

THE TEMPERATURE STAGE

While a patient is running temperature or high pulse, he must be kept in bed until conditions become normal. The normal temperature is 98.6, and is plainly indicated on most thermometers. The normal pulse varies in a man from 65 to 70 beats to the minute, and in a woman from about 70 to 75 beats.

Many people make the mistake of either refusing to take to their beds at all, when running a temperature; or becoming discouraged, when the temperature remains stubborn and does not respond to the rest treatment. To get proper results, patients must have absolute rest until their temperatures have become normal or not to exceed 99 degrees, and have been held at that point for ten days or two weeks. They may then be allowed to dress during the day; and take short walks, beginning with distances not to exceed 100 yards. Exercise may be slightly increased as the

strength increases, but the patient must guard against overdoing, and should never even approach a feeling of weariness. This point must be kept in mind—viz: that these walks are not muscle builders, but merely diversion; that strengthening the body through exercise must be left until the cure has been clinched. This last is the rock on which many cases are wrecked.

Should any signs of temperature result from exercise, it must be abandoned until the normal stage has again been reached.

The bed patient must also be limited in the amount of reading or writing he does, and where the pulse is abnormally high (*i. e.* over 100 beats), these diversions should be entirely prohibited. It would be well to allow the patient a short time indoors in the early evening, in addition to the time required for meals. Bed patients will find it beneficial to eat their meals apart from the remainder of the household, as this does away with the need of dressing, and the resulting effort of attempting to join in table conversation increases the pulse and temperature.

The patient must cultivate patience and cheerfulness to a degree, for without these qualities his task becomes irksome. I have seen patients

confined to their beds in a sanatorium for more than six months before their temperatures yielded to treatment, and often after apparently conquering the fever and being allowed to get up, another rise in temperature has put them back to bed again. By sticking to the game, however, they have won out, and so may you.

The sufferer from tuberculosis is playing for life's highest stake—life itself. He can afford to be patient in order to win.

X.

LIVING BY SCHEDULE

Regularity is generally accounted a virtue; indeed if we are to credit the word of the famous men and women of past and contemporary history, it is one of the cardinal habits that lead to greatness. What is more to the point, however, it is a very decided virtue for the tubercular patient to cultivate. It is well to place one'sself on a schedule, and adhere to it with reasonable accuracy, if, for no other reason than, because it precludes the possibility of falling into the slothful habits of the chronic invalid, the sick world's "hobo."

In the sanatorium the schedule is arranged for the patient, but those who are taking home treatment, must make their own. The following is offered as a practical example, on which you may base your own. You will notice that it differs for those confined to bed, and those who, having no temperature, are taking moderate exercise.

SCHEDULE

	FOR CASES SHOWING TEM- PERATURE	FOR CASES SHOWING NOR- MAL WT., TEMP., PULSE
A. M.	Rise. Dress only if ne- cessary.	Rise. Dress leisurely.
7:00- 7:30		
7:30- 8:30	Breakfast (indoors).	Breakfast (indoors.)
8:30- 9:30	Rest in bed (out of doors.)	Rest in or on bed or re- clining chair (out doors)
9:30-10:30	Do	Do
10:30	Take temperature and pulse.	Take temperature and pulse.
10:30-11:30	Rest in bed (out of doors.)	Short leisurely walk, starting not to exceed 100 yds.
11:30-12:15	Do	Rest on bed or chair. (Read, if inclined)
P. M.	Prepare for dinner.	Prepare leisurely for din- ner.
12:15-12:30		
12:30- 1:30	Dinner (indoors.)	Dinner (indoors.)
1:30- 2:30	Rest in bed (out of doors.)	Rest on bed or chair (out doors.)
2:30- 3:30	Do	Do
3:30	Take temperature and pulse.	Take temperature and pulse.
3:30- 4:30	Rest in bed with possibly a little light reading.	Short leisurely walk.
4:30- 5:45	Rest in bed (out of doors.)	Rest on bed or chair. (Read, if inclined.)
5:45- 6:00	Prepare for supper.	Prepare leisurely for supper.
6:00- 7:00	Supper.	Supper (indoors.)
7:00- 8:00	Rest in doors, if desired.	Rest and read indoors, if desired.
8:00- 9:00	Retire for the night	Do
9:00- 9:30		Retire for the night.

XI.

PREVENTIVE MEASURES

The only danger of communicating tuberculosis lies in the sputum. The sore spots, or ulcers, on the inside of the lungs, are in most cases giving off matter. When a little has accumulated the lungs expel it. This sputum contains the dangerous element, the tubercule bacillus. If it becomes dry and circulates in the air, as it will when dry, there is an excellent chance of communicating the disease to all those about you. The bacillus is so minute that it can not be seen with the naked eye. The microscope clearly reveals it, and when physicians say that they have made a microscopic examination of a tubercular case, they mean that a small particle of sputum has been placed on a glass slide, and examined under a powerful microscope. The microbes are so minute that it is estimated that 4,000,000 can be placed on a postage stamp. I cite this statement to show that each time a patient raises sputum, he has the possibility, through that one particle of

sputum, of disseminating thousands of disease germs. A few of these germs, either in the air breathed, or on food eaten, are sufficient to infect another person. Having gained a foothold, they will multiply and spread, little by little, unless they are overcome.

Fortunately we have learned that, by proper disposal of the sputum, the danger of passing on the disease is nullified.

So certain are we that the danger ceases when the sputum is properly disposed of, that nurses and doctors work for years among tubercular patients in sanatoria, with less chance of "taking" the disease than they would have in the midst of a crowded city.

DISPOSITION OF SPUTUM

The only safe and convenient way to dispose of the sputum is to burn it. A cheap and effective way of handling the sputum is to use paper napkins, which may be placed in paper bags (preferably of heavy glazed or waxed paper, retailing at about five cents a dozen). The napkins may be quartered for economy's sake. Every time you cough (whether or not sputum is raised), cough into a paper napkin, and hav-

ing enveloped the sputum by folding the napkin over it one or more times, place it in the paper bag. When not in use, the bag may be closed by folding over the upper edge. The bags should be burned in a stove twice every twenty-four hours. The sputum does not have sufficient time to dry in twelve hours, since the bag is kept out of doors for the greater part of the day and night. So long as the sputum is moist, there is no danger of the bacilli getting into the air. In the summer time the sputum bag should be kept in a shady place. Never cough or sneeze into a handkerchief or the palm of the hand. Even when no sputum is raised, a cough or a sneeze throws into the air minute particles of moisture, which often contain bacilli. Paper napkins are recommended as sputum receptacles in preference to paper cups, because the former permit of a freer expectoration than is possible over the edge of a cup. The patient should be careful never to swallow the sputum.

The dishes and cutlery used by the patient should be scalded in boiling hot water, and it is better for the patient when possible to have his own set of table utensils.

PERSONAL PRECAUTIONS

Perhaps a few items regarding the personal habits of the patient will not be amiss. As a precaution, the patient should have his individual wash-basin, towel, soap, wash-cloth or sponge, and glass or cup to be used in brushing the teeth. It is better to brush the teeth while standing over a waste water jar, than over the wash basin. The patient should wash with hot water and soap before each meal, and when the hands become soiled with sputum.

If woolen blankets are used to sleep between in winter, they should have an occasional washing, and should be aired when the bed is not in use. Comfortables made of down, wool, or cotton should have, sewed at the top, a twelve inch width binding of outing flannel or similar material. Such comfortables cannot be washed, but the binding can be easily removed and washed. In a cold climate the breath of a person sleeping out of doors congeals upon the blankets, and the value of the binding becomes at once apparent.

People with tuberculosis should always sleep alone, and, if possible, in separate sleeping porches or rooms.

XII.

CONVALESCENT STAGE

Strange as it may seem, the convalescent stage is the most difficult of all. Assuming that the patient started with a temperature and pulse higher than normal, a loss of weight, and a cough, and assuming that normal conditions have been restored, that the weight is normal, or above normal, and the cough gone, the patient is by no means cured. He has only arrested all outward signs, and has entered upon the convalescent stage. If the case was an incipient one, there may have been no fever, no loss in weight, and no cough, even in which case the clinching of the cure is almost equally difficult. The danger in the convalescent stage is the fact that the patient, feeling well, chafes at his inability to do his work in life, and gradually, or immediately returns to the conditions which caused the low vitality, and laid him open to the disease. It is very hard to believe that one should go cautiously when one feels full of life and vigor. And in this excusable error,

tuberculosis often trips up those who think themselves safely out of its clutches. Many a person, who has arrested the disease in its earlier stages, has been compelled, through failure to give sufficient time to the cure, to make the fight again. The second time the disease gets its grip on a person, the combat is much longer and much more difficult.

SEEK OUTDOOR WORK

I would caution you against returning to indoor employment, or exhausting outdoor work, for at least two years after the disease has been arrested. I can not lay enough emphasis on this point, for all your inclinations will lead you in the wrong direction. The records of tuberculous cases are full of those who were "cured"—as they thought—and who died under the second attempt to check the disease.

Get some outdoor work no matter how lowly, rather than lose the ground you have gained. Take to outdoor postal photography, truck gardening or poultry, drive a delivery wagon, or sell peanuts at a street corner for a living, if necessary, but clinch the ground you have

gained by staying at outdoor work for at least two years.

This advice will probably fail to impress you, and you will believe it is intended for much more advanced cases than you may think your own to be, but before you discard it, ask, or write, the medical director of any sanatorium for the experience of his patients on this point. One such physician said to me: "I had a thousand times rather treat the intermediate and advanced cases than the incipient ones. The incipient cases never realize the seriousness of the situation, and I have to keep up a continual fight to keep them from doing the things which are injurious to themselves."

A CASE IN POINT.

As I write, the knowledge has come to me of the death of a young lady, who had been engaged in indoor office work. She became afflicted with tuberculosis, and went at once to a sanatorium. In six months she weighed more than ever before in her life, and so far as outward signs go, she was cured and she returned to her office work. In less than a year from

the time of her discharge from the sanatorium, she had broken down again and died.

While you are getting well, while you are convalescing, and after you are entirely well, keep a check on your activity. Think before you overtax your strength, go along as leisurely as you can. Your average of accomplishment for a life time will be as great, or greater, than if you dashed along at the wrong time.

The business of getting well simmers down to a matter of conscience. You know what is good for you, or you soon learn, and by the same sign, you know what is bad. Count ten before doing something that you know is harmful—if that does not work, *keep on counting*. When you launch your craft on the sea of convalescence, oil up the rusty cogs in your conscience, for the trip is going to be a long one.

XIII.

MENTAL ATTITUDE

Tuberculosis is affected very largely by one's mental attitude. It is said that tubercular patients are, as a rule, a hopeful class. If you do not naturally find yourself hopeful and cheerful, cultivate the attitude. Cheer, hope and patience are three qualities of mind quite as necessary in their way, as fresh air, rest and proper food, and you will find use for your whole store of these qualities. Make up your mind that you are going into a campaign for such it will be. Plan to beat your enemy by systematic work. Perhaps you think resting is not work, but a six months' trial will prove that it is. Husband your resources as any wise fighter does; make a study of getting well; keep your aim high. Plan not only to get well, but to possess a body of which you may be proud, a better one than you ever had before. Since you cannot work at your customary occupation, make every moment count in bringing you nearer the desired end. Do not mis-

understand me as meaning that there should be a constant mental straining toward good health, for that would do more harm than good. Keep the goal in mind, but cultivate a mental poise and a physical calm.

FORGET YOUR WORRIES

Try not to worry over anything. It is often hard to banish worry when things are going wrong, but try to do it nevertheless; cultivate a phlegmatic disposition.

Mental activity, of the proper sort, is advisable in the convalescent stage. One may learn to vegetate physically, but to vegetate mentally means desperation for most of us. There are many pleasant ways of avoiding such a condition. If one studies the scenes from one's porch, or tent-house, however familiar, or common-place, they may be, one will find much that has never before been seen. The animal and vegetable life about us is full of interest. I know a patient who to-day could write an essay about an ant-hill, which was situated beside his reclining chair. I have watched and studied the grasshoppers about my hammock for hours. The squirrels became so friendly that they

used to come up on my porch for hickory nuts, and if there were none in the customary place, they would hop up onto my bed and wait for me to feed them. In the cities, in winter time, the birds become quite tame with a little daily feeding of crumbs.

SOME SERIOUS WORK

Take up some serious-minded work—it may be a new language, or science, or some other study, either new, or familiar to you. A chart of the heavens, showing the various constellations and their location, will enliven your evenings. The various stages of advancement of the commonplace hen's egg (embryology) will, if you secure a book on the subject, open a new world to you. If you wish to amuse yourself, and rest your eyes, close one and sight the other along a tree, or post, at some more distant object. Then invert the process, and you will discover that each eye sees a separate image. When both eyes are open these two images coincide, and we see one object. "Seeing double" is due to a failure to control the eye muscles, and thus make the images coincide. These

facts will lead you to the study of optics, upon which volumes have been written.

I have taken the liberty of enumerating only a few of the ways in which one may amuse one's self, and learn facts which may make your confinement seem something of a blessing. At the start, you may not be able to give the more serious reading more than fifteen minutes each forenoon or afternoon, for continuous mental application is wearing, and must be avoided. But this work will give you more real interest in life than the futile reading of one magazine story after another. The reading of a short story may be well enough for us when we are busy, but when we are making a business of relaxation, constant short story reading becomes debilitating. Some fiction will be required, and some short stories, for the sake of variety, but do not forget the classic fiction which means a good story and elegance of style at the same time.

THE FUMIGATION OF BOOKS

If you have the privilege of using the books of a public library, you should advise the library that the books are to be read by a person

having tuberculosis. If the library has a fumigating plant, you may be allowed to continue to draw books, otherwise you may be refused, but, in either case, the library should know the facts. If you cough at all, keep the books you are reading apart from others. If they are inexpensive, paper covered, books it will be safest to burn them; if they are books you wish to preserve, have them fumigated.

XIV.

MISCELLANY

CATCHING COLD

A cold "in the head," or "on the lungs," usually persists for about three weeks, in spite of all that one can do. Such colds are especially harmful to a tuberculous patient, and should be guarded against. Colds are infectious, and are often brought into the home by members of the family or visitors. I should say that the best preventive against colds, and the best plan for many reasons, is to receive your visitors on your porch, or, if not practicable, to frequently air out the rooms of your home during the winter months.

When dust or other foreign matter has lodged in the throat or nose, those members should be sprayed with an atomizer, using dilute *liquor antisepticus alkalinus* for the nose and the same undiluted for the throat. The same solution may be used when suffering from or threatened with a cold, but such an event is

of sufficient importance to demand your physician's attention.

COLD BATHS

Many people favor cold baths for tubercular patients because of the believed hardening effect. I have taken cold baths all my life, but I gave them up as soon as I understood that I was wasting bodily vigor which should have been conserved to fight the disease. Cold baths, even when one is in good health, take up a certain amount of bodily energy. Lay aside all the hardening processes until your cure is perfected. A warm bath once a week is sufficient. Do not at once go out into the cold air after bathing but remain in a warm room for an hour or so.

WEIGHT RECORD.

Once a week, when your condition warrants the effort, you should have yourself weighed, choosing the same day each week, and, as near as practical, the same time of day. The same scales should be used each time, and care taken to make allowance when any change in clothing is made. The records should be kept in a convenient note-book for reference.

Gain in weight is generally reckoned a favorable sign of progress, and it should be the patient's aim to gain as much as possible, thus affording the body a reserve of tissue to combat the disease. It is the rule that convalescing patients carry from ten to fifteen pounds in excess of their normal weight. Loss in weight, when not directly traced to some other ailment, as, for instance, indigestion, is generally due to over-exercising. Bed patients often lose during the run of temperature. Persistent loss in weight by convalescing patients is a warning to cut down their activities.

FALSE PRIDE

False pride causes some people to waste much valuable energy. It is a mistake to try to make people believe we are well, when we are not. Admit that you are not, and admit the character of your disease to your friends, and you have taken a long step in the right direction. We still suffer from the old tradition regarding consumption, when that disease was considered a blot on the family record; when it was secretly whispered that one had consumption and when the true facts were concealed as long

as possible. Today the watchword is: Consumption is curable and preventable; so come out honestly, and tell your friends that you have tuberculosis, and that you propose to show them how to get rid of it.

PROHIBITION

In refraining from the use or practice of anything which will reduce the bodily vigor, I need mention only the use of alcohol, and any other practices or functions, which are in any way a drain upon one's vitality. Failure to comply with this advice may result in complications involving organs other than the lungs.

SWALLOWING SPUTUM

The sputum should never be swallowed. The bowels may become involved as a result of so doing. If one should by chance however swallow some sputum, there need be no great alarm, as the intestines are equipped to care for a certain number of dangerous bacilli, but the exact danger point is, of course, unknown, and one should never voluntarily take any chances in this direction.

THE PATIENT'S ROOM

It is understood that the patient will sleep out of doors on a porch or in a tent-house if possible. In any case a warm dressing room is necessary. Since much coughing may occur in this room it is essential that the room be furnished in such a manner that it can be cleaned thoroughly at least once a week. Such a room should have no heavy curtains of any kind. Washable sash curtains at the windows may be used and these should be washed regularly. The window shades should be raised most of the time so that the room will have the cleansing effect of constant sunlight. There should be no carpet fastened to the floor. Rag carpets or such as can be washed should be used. The floor should be scrubbed or mopped once each week. There should be no sweeping or dusting in this room. The wood work should be rubbed with a damp cloth. Simple furniture should be used and none that is upholstered.

HEMORRHAGES

Sometimes the ulcerations on the inside of the lungs consume the tissue about the blood vessels, which cover the entire inner surface of

the lungs. One of these blood vessels through the exertion of coughing, or because of the activity of the patient, or other causes, may become ruptured. The blood passes out of the blood vessel into the lung, and the lung, feeling the foreign substance, ejects it. The result is called a hemorrhage.

Hemorrhages may follow one another in quick succession, until the blood has coagulated over the break in the blood vessel. There is nothing which the patient can do but lie absolutely still upon his back and compose himself, and this he must do. A physician should be called. Any patient is likely to have a hemorrhage, and some method of calling assistance should be at hand. It may never be used but it should exist. Hemorrhages are serious, but rarely fatal. The chief thing to remember in case of hemorrhage is to lie quietly on your back and call a doctor.

On some days the patient may observe a slight stain of blood in his sputum. This is, in reality a very minute hemorrhage. It is quite apt to appear when the atmosphere is heavy and the barometer low. On such days patients should exercise more than usual caution. Upon observing a fleck of blood in the sputum, the pa-

tient will remain very quietly in bed, or in his chair, for a whole day. If at the end of that time, there is no recurrence of the stain, exercise may be slowly resumed to the point where it was previously dropped.

CONCLUSION



It requires from two to five years to be cured of tuberculosis, and be reasonably sure that one will stay cured. This sounds like an exaggeration, but it is not. The experience of most of our specialists in this disease proves that the time has not been overstated when the period of convalescence is considered.

In the early stages of the disease, and after it has been checked, it is difficult to make a person of spirit realize that he is sick, when he does not feel so. This difficulty is quite universal and is the cause of many a relapse. The author has read not only much of the professional literature on the subject, but the statements of many fellow-patients bear out the fact that it is a dangerous and not uncommon, experience for us to make serious mistakes, because we believe ourselves as well as we feel. In tuberculosis the general health may apparently have improved while the disease has not been retarded. The author of "Chasing the

Cure in Colorado," a layman's experience, the author of "How I Got Well" which appeared during the year 1909 in *The World's Work*, the experience of the author of this book, and that of many of his acquaintances, has satisfied him that this is one of the most important facts which he can transmit, if only others will learn.

The words of a physician on this vital point may have more force than those of a layman. I therefore quote from an excellent paper, read by Dr. J. W. Pettit of Ottawa, Illinois, before the Chicago Medical Society. Dr. Pettit says: "There is a wide difference between treating a patient who is consciously sick and one who is not. The patient with pneumonia, typhoid fever or a broken leg is constantly reminded by his suffering and helplessness that he is sick. With tuberculosis it is radically different. As a rule he does not suffer, therefore is not consciously sick, which leads him to do many things to his detriment because he is not constantly reminded by his pain and helplessness as in the case of an acute disease. He estimates his danger according

to his own interpretation of the severity of the symptoms. A slight hemorrhage from which there is no particular danger will strike him with terror, while a high fever, rapid pulse or other really dangerous symptom he regards lightly. Exuberance of spirits when he is approaching convalescence leads to excesses which are innocent enough under normal conditions, but apt to be injurious and not infrequently fatal when indulged in by the tuberculous patient. In no disease perhaps is the patient inclined to be more erratic and do irrational things than in tuberculosis. Many for a time make a good fight, but for lack of conservative judgment, and on account of overconfidence, what seemed to be certain victory is turned to a sudden defeat. It seems to be characteristic of the tuberculous patient to take risks. If two courses are pointed out to him, one safe and reasonably certain, and another shorter but involving hazardous risks, the average patient will take the shorter course. . . . This is due to his characteristic optimism and egotism, and is one of the greatest obstacles to suc-

cessful treatment. It is very difficult to impress him with the gravity of his position, and especially during the incipient stage or when convalescing. While it is a very painful and unpleasant thing to be sick its dangers do not compare with the dangers of getting well. Anybody can be sick, but it takes a wise, patient and careful person to get well successfully.”

—THE END—





